



AMENDMENT TRANSMITTAL LETTER

Docket No.
03191/000M965-US0

Application No.
10/629,860

Filing Date
July 24, 2003

Examiner
C. M. Y. Marc

Art Unit
3661

Applicant(s): Jurgen Eich et al.

Invention: METHOD OF CONTROLLING AN AUTOMATED CLUTCH OF A VEHICLE

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED

	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	41	- 41 =	0	x 18.00	.00
Independent Claims	5	- 3 =	2	x 88.00	176.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify): Extension for response within third month					980.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					1,156.00

Large Entity

Small Entity

No additional fee is required for this amendment.

Please charge Deposit Account No. _____ in the amount of \$ _____.
A duplicate copy of this sheet is enclosed.

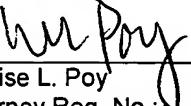
A check in the amount of \$ 1,156.00 to cover the filing fee is enclosed.

Payment by credit card. Form PTO-2038 is attached.

The Director is hereby authorized to charge and credit Deposit Account No. 04-0100
as described below. A duplicate copy of this sheet is enclosed.

Credit any overpayment.

Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.


Denise L. Poy
Attorney Reg. No.: 53,480

Dated: December 2, 2004

DARBY & DARBY P.C.
P.O. Box 5257
New York, New York 10150-5257
(212) 527-7783

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FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,156.00)

Complete if Known	
Application Number	10/629,860
Filing Date	July 24, 2003
First Named Inventor	Jurgen Eich
Examiner Name	C. M. Y. Marc
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METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)																																																																																																												
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Deposit Account <input type="checkbox"/> None <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">Deposit Account Number</div> <div style="border: 1px solid black; padding: 2px;">04-0100</div> </div> <div style="display: flex; align-items: center; gap: 10px;"> <div style="border: 1px solid black; padding: 2px;">Deposit Account Name</div> <div style="border: 1px solid black; padding: 2px;">Darby & Darby P.C.</div> </div>			2. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Fee Description</u></th> <th style="text-align: center;"><u>Fee (\$)</u></th> <th style="text-align: center;"><u>Small Entity Fee (\$)</u></th> </tr> </thead> <tbody> <tr> <td>Each claim over 20</td> <td style="text-align: center;">18</td> <td style="text-align: center;">9</td> </tr> <tr> <td>Each independent claim over 3</td> <td style="text-align: center;">88</td> <td style="text-align: center;">44</td> </tr> <tr> <td>Multiple dependent claims</td> <td style="text-align: center;">300</td> <td style="text-align: center;">150</td> </tr> <tr> <td>For Reissues, each claim over 20 and more than in the original patent</td> <td style="text-align: center;">18</td> <td style="text-align: center;">9</td> </tr> <tr> <td>For Reissues, each independent claim more than in the original patent</td> <td style="text-align: center;">88</td> <td style="text-align: center;">44</td> </tr> </tbody> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Total Claims</u></th> <th style="text-align: left;"><u>Extra Claims</u></th> <th style="text-align: left;"><u>Fee (\$)</u></th> <th style="text-align: left;"><u>Fee Paid (\$)</u></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">41</td> <td style="text-align: center;">- 20 or HP =</td> <td style="text-align: center;">x</td> <td style="text-align: center;">=</td> </tr> <tr> <td colspan="4" style="text-align: center;">HP= highest number of total claims paid for, if greater than 20</td> </tr> <tr> <th style="text-align: left;"><u>Indep. 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on December 2, 2004
Date

A. Stuntini
Signature

A. Stuntini
Typed or printed name of person signing Certificate

Registration Number, if applicable

Telephone Number

Note: Fee Transmittal (1 page)
Amendment in Response to Non-Final Office Action (11 pages);
Three Month Request for Extension of Time Under;
37 CFR 1.136(a) (1 page);
Amendment Transmittal Letter (1 page);
Return Postcard; and
Check No. 6899 for \$1156.00